

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	001B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2014	03/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	105000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078		05/20/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

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 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

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03/01/2014	03/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	30000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahía	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	3 MINIMUM	*****	*****	%		Once per Event	GRAB

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## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003**ATTN:** JAY RAO

CAF001154	002B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2014	03/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	7.98	14	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	<b>SAMPLE MEASUREMENT</b>	6725	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82600 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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03/01/2014	03/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid  
 External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82603 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	VISUAL
Well fluids, volume	<b>SAMPLE MEASUREMENT</b>	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

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ATTN: JAY RAO

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03/01/2014	03/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Deck Drainage

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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03/01/2014	03/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	<b>SAMPLE MEASUREMENT</b>	*****	0	d/mo	*****	*****	*****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	1	3	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	<b>SAMPLE MEASUREMENT</b>	9.5	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

Sanitary waste flow and domestic flow rate are combined.

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03/01/2014	03/31/2014

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MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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03/01/2014	03/31/2014

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MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



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03/01/2014	03/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

No Chlorine is added.

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**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	009B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2014	03/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	<b>SAMPLE MEASUREMENT</b>	4762	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
				(805)535-2078		05/20/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

No Chlorine is added.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	010B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2014	03/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	05/20/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	011B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2014	03/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Bilge Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	012B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2014	03/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	05/20/2014
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				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	013B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2014	03/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Test Fluids

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
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<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	014B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2014	03/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
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				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	015B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2014	03/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	(805)535-2078	05/20/2014
<b>TYPED OR PRINTED</b>			<b>AREA Code</b> <b>NUMBER</b>	<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	016B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2014	03/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	(805)535-2078	05/20/2014
<b>TYPED OR PRINTED</b>			<b>AREA Code</b> <b>NUMBER</b>	<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	017B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2014	03/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	05/20/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	018B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2014	03/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
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<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	019B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2014	03/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	3000 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	05/20/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	020B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2014	03/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	05/20/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003**ATTN:** JAY RAO

CAF001154	021B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2014	03/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Hydrotect Water

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
85790 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	05/20/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	022B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2014	03/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	05/20/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	001B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	105000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078		05/20/2014	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	001B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	30000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahía	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	3 MINIMUM	*****	*****	%		Once per Event	GRAB

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				(805)535-2078		05/20/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003**ATTN:** JAY RAO

CAF001154	002B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	6.48	11	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	<b>SAMPLE MEASUREMENT</b>	6526	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82600 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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				(805)535-2078		05/20/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	002B-Q
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Produced Water Quarterly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Pass/Fail Static 48Hr Chronic Macrocystis pyrifera	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
TGK1D 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static 48Hr Chronic Haliotis rufescens	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
TGK3R 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static Renewal 7 Day Chronic Atherinops affinis	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
TGP6L 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078		05/20/2014	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	003B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid  
 External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82603 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	VISUAL
Well fluids, volume	<b>SAMPLE MEASUREMENT</b>	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	05/20/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

**ATTN:** JAY RAO

CAF001154	004B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Deck Drainage

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	05/20/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	005B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	<b>SAMPLE MEASUREMENT</b>	*****	0	d/mo	*****	*****	*****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	1	3	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	<b>SAMPLE MEASUREMENT</b>	10.3	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078		05/20/2014	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

Sanitary waste flow and domestic flow rate are combined.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	006B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
				(805)535-2078		05/20/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	007B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
				(805)535-2078		05/20/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	008B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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<b>TYPED OR PRINTED</b>			<b>AREA Code</b> <b>NUMBER</b>	<b>MM/DD/YYYY</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

No Chlorine is added.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	009B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	<b>SAMPLE MEASUREMENT</b>	4762	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	05/20/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

No Chlorine is added.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	010B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	05/20/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	011B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Bilge Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	05/20/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	012B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	05/20/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	013B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Test Fluids

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
				(805)535-2078		05/20/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	014B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
				(805)535-2078		05/20/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	015B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	05/20/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	016B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	05/20/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	017B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	05/20/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	018B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	05/20/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	019B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	3000 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	05/20/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	020B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	(805)535-2078	05/20/2014
<b>TYPED OR PRINTED</b>			<b>AREA Code</b> <b>NUMBER</b>	<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	021B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Hydrotect Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
85790 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	05/20/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	022B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	05/20/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	001B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	105000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078		08/26/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	001B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	30000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahi	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	3 MINIMUM	*****	*****	%		Once per Event	GRAB

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	002B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	10.83	13	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	<b>SAMPLE MEASUREMENT</b>	7173	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82600 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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				(805)535-2078		08/26/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	003B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid  
 External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82603 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	VISUAL
Well fluids, volume	<b>SAMPLE MEASUREMENT</b>	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	004B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Deck Drainage

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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			(805)535-2078	08/26/2014
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				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	005B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	<b>SAMPLE MEASUREMENT</b>	*****	0	d/mo	*****	*****	*****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	<b>SAMPLE MEASUREMENT</b>	11.34	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

Sanitary waste flow and domestic flow rate are combined.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	006B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	007B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	008B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>			<b>AREA Code</b> <b>NUMBER</b>	<b>MM/DD/YYYY</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

No Chlorine is added.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	009B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	<b>SAMPLE MEASUREMENT</b>	4762	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
				(805)535-2078		08/26/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

No Chlorine is added.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	010B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	011B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Bilge Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078		08/26/2014	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	012B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
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<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	013B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Test Fluids

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	014B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
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				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	015B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	08/26/2014
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				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	016B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
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<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	017B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	018B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	019B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	3000 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078		08/26/2014	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	020B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
				(805)535-2078		08/26/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	021B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Hydrotect Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
85790 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	022B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
				(805)535-2078		08/26/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	001B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	105000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078		08/26/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	001B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	30000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahía	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	3 MINIMUM	*****	*****	%		Once per Event	GRAB

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	002B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	5.66	10	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	<b>SAMPLE MEASUREMENT</b>	6907	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82600 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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				(805)535-2078		08/26/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	003B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82603 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	VISUAL
Well fluids, volume	<b>SAMPLE MEASUREMENT</b>	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	004B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Deck Drainage

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	005B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	<b>SAMPLE MEASUREMENT</b>	*****	0	d/mo	*****	*****	*****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	<b>SAMPLE MEASUREMENT</b>	12.14	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078		08/26/2014	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

Sanitary waste flow and domestic flow rate are combined.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	006B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	007B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>			<b>AREA Code</b> <b>NUMBER</b>	<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	008B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

No Chlorine is added.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	009B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	<b>SAMPLE MEASUREMENT</b>	4762	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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				(805)535-2078		08/26/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

No Chlorine is added.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	010B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	011B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Bilge Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	012B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

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**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	013B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Test Fluids

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	014B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
				(805)535-2078		08/26/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	015B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
				(805)535-2078		08/26/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	016B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	017B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	018B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	019B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	3000 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	020B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	021B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Hydrotest Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
85790 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078		08/26/2014	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	022B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
				(805)535-2078		08/26/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	001B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	105000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078		08/26/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	001B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	30000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahía	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	3 MINIMUM	*****	*****	%		Once per Event	GRAB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
				(805)535-2078		08/26/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003**ATTN:** JAY RAO

CAF001154	002B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	6.95	11	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	<b>SAMPLE MEASUREMENT</b>	8066	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82600 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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				(805)535-2078		08/26/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	002B-Q
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Produced Water Quarterly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Pass/Fail Static 48Hr Chronic Macrocystis pyrifera	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	0	pass=0/fail=1		Quarterly	COMP24
TGK1D 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Static 48Hr Chronic Haliotis rufescens	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	0	pass=0/fail=1		Quarterly	COMP24
TGK3R 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Static Renewal 7 Day Chronic Atherinops affinis	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	0	pass=0/fail=1		Quarterly	COMP24
TGP6L 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail=1		Quarterly	COMP24

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078		08/26/2014	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	003B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid  
 External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82603 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	VISUAL
Well fluids, volume	<b>SAMPLE MEASUREMENT</b>	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	004B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Deck Drainage

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
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				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	005B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	<b>SAMPLE MEASUREMENT</b>	*****	0	d/mo	*****	*****	*****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	<b>SAMPLE MEASUREMENT</b>	14.5	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078		08/26/2014	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

Sanitary waste flow and domestic flow rate are combined.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	006B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	007B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

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			(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	008B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
				(805)535-2078		08/26/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

No Chlorine is added

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	009B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	<b>SAMPLE MEASUREMENT</b>	4762	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

No Chlorine is added



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	010B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	011B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Bilge Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	012B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	013B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Test Fluids

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
				(805)535-2078		08/26/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	014B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
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				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	015B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	016B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	017B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
				(805)535-2078		08/26/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	018B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	019B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	3000 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078		08/26/2014	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	020B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	021B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Hydrotect Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
85790 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	08/26/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	022B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078		08/26/2014	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	001B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	105000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078		11/25/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	001B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	30000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahi	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	3 MINIMUM	*****	*****	%		Once per Event	GRAB

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<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003**ATTN:** JAY RAO

CAF001154	002B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	6.23	11	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	<b>SAMPLE MEASUREMENT</b>	7508	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82600 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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				(805)535-2078		11/25/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	003B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid  
 External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82603 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	VISUAL
Well fluids, volume	<b>SAMPLE MEASUREMENT</b>	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	004B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Deck Drainage

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	005B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	<b>SAMPLE MEASUREMENT</b>	*****	0	d/mo	*****	*****	*****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	<b>SAMPLE MEASUREMENT</b>	15.12	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>				AREA Code	NUMBER

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

Sanitary waste flow and domestic flow rate are combined.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	006B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	007B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>			<b>AREA Code</b> <b>NUMBER</b>	<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	008B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>			<b>AREA Code</b> <b>NUMBER</b>	<b>MM/DD/YYYY</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

No Chlorine is added.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	009B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	<b>SAMPLE MEASUREMENT</b>	4762	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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				(805)535-2078		11/25/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

No Chlorine is added.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	010B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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				(805)535-2078		11/25/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	011B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Bilge Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	012B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	013B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Test Fluids

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078		11/25/2014	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	014B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	015B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	016B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

**ATTN:** JAY RAO

CAF001154	017B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

**ATTN:** JAY RAO

CAF001154	018B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Laboratory Waste

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	019B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	3000 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	020B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
				(805)535-2078		11/25/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	021B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Hydrotect Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
85790 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	022B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	001B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	105000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078		11/25/2014	
<b>TYPED OR PRINTED</b>				AREA Code	NUMBER	MM/DD/YYYY	

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	001B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	30000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahi	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	3 MINIMUM	*****	*****	%		Once per Event	GRAB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003**ATTN:** JAY RAO

CAF001154	002B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	4.15	11	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	<b>SAMPLE MEASUREMENT</b>	6256	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82600 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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				(805)535-2078		11/25/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	003B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid  
 External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82603 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	VISUAL
Well fluids, volume	<b>SAMPLE MEASUREMENT</b>	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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(805)535-2078				11/25/2014		
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	004B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Deck Drainage

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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			(805)535-2078	11/25/2014
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				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	005B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	<b>SAMPLE MEASUREMENT</b>	*****	0	d/mo	*****	*****	*****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	<b>SAMPLE MEASUREMENT</b>	16	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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				(805)535-2078		11/25/2014	
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**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

Sanitary waste flow and domestic flow rate are combined.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	006B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	11/25/2014
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				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	007B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>			<b>AREA Code</b> <b>NUMBER</b>	<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	008B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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				(805)535-2078		11/25/2014	
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**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

No Chlorine is added.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	009B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	<b>SAMPLE MEASUREMENT</b>	4762	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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				(805)535-2078		11/25/2014	
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**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

No Chlorinr is added.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	010B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	011B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Bilge Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	012B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
				(805)535-2078		11/25/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	013B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Test Fluids

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

**ATTN:** JAY RAO

CAF001154	014B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	015B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	016B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	017B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
				(805)535-2078		11/25/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	018B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	019B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	3000 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	020B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	021B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Hydrotest Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
85790 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078		11/25/2014	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	022B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	001B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	105000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078		11/25/2014	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003**ATTN:** JAY RAO

CAF001154	001B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	30000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahi	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	3 MINIMUM	*****	*****	%		Once per Event	GRAB

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003**ATTN:** JAY RAO

CAF001154	002B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	9.03	11	mg/L		Weekly	GRAB
00552 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	<b>SAMPLE MEASUREMENT</b>	6650	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82600 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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				(805)535-2078		11/25/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	002B-Q
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Produced Water Quarterly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Pass/Fail Static 48Hr Chronic Macrocystis pyrifera	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	0	pass=0/fail=1		Quarterly	COMP24
TGK1D 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Static 48Hr Chronic Haliotis rufescens	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	0	pass=0/fail=1		Quarterly	COMP24
TGK3R 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Static Renewal 7 Day Chronic Atherinops affinis	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	0	pass=0/fail=1		Quarterly	COMP24
TGP6L 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail=1		Quarterly	COMP24

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	003B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid  
 External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
82603 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	VISUAL
Well fluids, volume	<b>SAMPLE MEASUREMENT</b>	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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(805)535-2078				11/25/2014		
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	004B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Deck Drainage

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	005B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	<b>SAMPLE MEASUREMENT</b>	*****	0	d/mo	*****	*****	*****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	<b>SAMPLE MEASUREMENT</b>	11	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078		11/25/2014	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

Sanitary waste flow and domestic flow rate are combined.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	006B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	007B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>			<b>AREA Code</b> <b>NUMBER</b>	<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	008B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

No Chlorine is added.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	009B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	<b>SAMPLE MEASUREMENT</b>	4762	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078		11/25/2014	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

No Chlorine is added.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	010B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
				(805)535-2078		11/25/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	011B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Bilge Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	012B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	013B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Test Fluids

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	014B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	015B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	016B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	017B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	018B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	<b>TELEPHONE</b>	<b>DATE</b>
			(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C**ADDRESS:** 290 MAPLE COURT, SUITE 290  
VENTURA, CA 93003**FACILITY:** PLATFORM HILLHOUSE**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
PACIFIC OCEAN, CA 93003**ATTN:** JAY RAO

CAF001154	019B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	3000 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078	11/25/2014
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	020B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
				(805)535-2078		11/25/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	021B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

Hydrotect Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI C				
85790 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		<b>TELEPHONE</b>		<b>DATE</b>	
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(805)535-2078		11/25/2014	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** DCOR, LLC PLATFORM HILLHOUSE - CAG2800C  
**ADDRESS:** 290 MAPLE COURT, SUITE 290  
 VENTURA, CA 93003

**FACILITY:** PLATFORM HILLHOUSE

**LOCATION:** LAT 34 33 13.33 LO 119 60 32.5  
 PACIFIC OCEAN, CA 93003

ATTN: JAY RAO

CAF001154	022B-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	10/31/2014

**DMR Mailing ZIP CODE:** 93003

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	<b>SAMPLE MEASUREMENT</b>	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	<b>SAMPLE MEASUREMENT</b>	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)